

HEPATITIS A

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** An illness caused by the hepatitis A virus characterized by abrupt onset of fever, malaise, nausea, abdominal discomfort and fatigue, followed within a few days by jaundice. Severity of illness is highly variable and can be milder or asymptomatic in young children. The clinical case definition is an acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels.
- B. **REPORTING CRITERIA:** Clinical diagnosis initially; laboratory confirmation required to meet case definition.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- IgM anti-HAV positive serology.
- D. **KENTUCKY CASE DEFINITION:**
A case that meets the clinical case definition and is laboratory confirmed **OR** epidemiologically linked to a laboratory confirmed case.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES URGENT NOTIFICATION: REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT IMMEDIATELY** upon recognition of a case or a suspected case in a time period not greater than 24 hours. If health department personnel cannot be contacted directly, notification shall be made by electronic submission or by telephone to the emergency number of the Division of Epidemiology and Health Planning, **1-888-973-7678**.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03), **OR**
 2. Viral Hepatitis Case Record-CDC 53.1 (Rev. 6-93)
- C. **PUBLIC HEALTH INTERVENTIONS:**
- Confirm that a separate assay for IgM was performed and was positive.
 - Conduct assessment of patient for high-risk activities (food handler, day care attendee/provider, health-care provider).
 - Assess need for immune globulin (IG) for persons exposed by case-patient and educate case contacts regarding risk of hepatitis A virus transmission. Exposure means contact

during the most infectious period, from 2 weeks before to one week after onset of jaundice (or other symptoms if no jaundice).

- Source investigation by LHD. (Search for history of exposure to other cases, travel outside U.S., raw shellfish ingestion, etc.).
- The form CDC 53.1 Rev.6-93, Viral Hepatitis Case Record, included in this reference, may be useful in investigating outbreaks, but is not required for case reporting.
- Advise persons to obtain the hepatitis A vaccine if they will be at increased risk of exposure in the future (e.g., international travelers, sexually active gay males).

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: 502-564-4478.
- D. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. HEPATITIS A. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 238-243.
2. Pickering, LK, ed. Hepatitis A. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 280-289.
3. CDC. Prevention of Hepatitis A Through Active or Passive Immunization. Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1999; 48 (RR-12): 1-30.